

Neurodevelopmental Art Program at Studio 23 Atlanta

Parent Questionnaire

Student name: _____

Student age/DOB: _____

What are your goals for your child while they are at Studio 23?

social skills

communication

emotional/behavioral

fine motor

***If you would like us to target specific skills in these areas, you are welcome to send a copy of their related IEP goals and objectives. ***

What are your child's favorite art activities?

__ cut and paste

__ drawing/sketching

__ coloring

__ sculpting

__ painting

__ building

Are there any specific needs that will help your child be successful? (avoid loud noises, needs frequent breaks, , etc.)

Is there anything you would like for us to know about your child? (medical history, uses device for communication, etc?)
